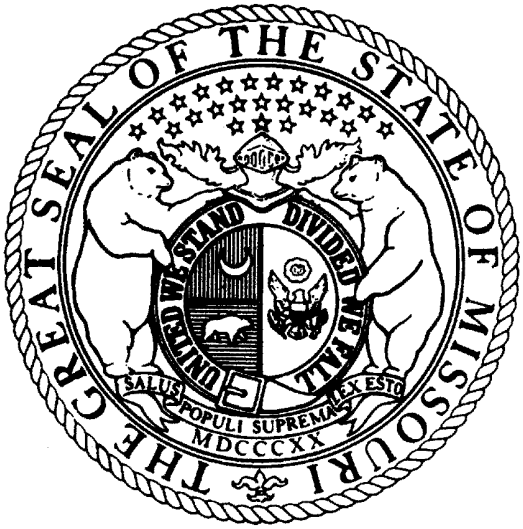
CONTROLLED SUBSTANCE GUIDELINES

FOR

MISSOURI VETERINARIANS



BUREAU OF NARCOTICS & DANGEROUS DRUGS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

The Bureau of Narcotics and Dangerous Drugs has published this guideline as a quick reference source for veterinarians in Missouri. This guideline is a compilation of the most commonly asked questions and issues arising daily.

This guideline is designed chronologically in the order of obtaining a registration, purchasing and stocking, dispensing, record keeping and security issues.

As a licensed professional and controlled substance registrant, it is your responsibility to know and comply with state and federal controlled substance laws and also to insure that subordinates acting under your authority are complying with the law.

To review all of the controlled substance laws and regulations for the state of Missouri, and also obtain additional educational handouts and forms, please visit the Bureau's website at www.dhss.mo.gov/BNDD.

Additional websites for educational information are as follows:

Drug Enforcement Administration……www.deadiversion.usdoj.gov

Missouri Veterinary Medical Board……www.pr.mo.gov/veterinarian.asp

Missouri Department of Agriculture……www.mda.mo.gov

Missouri Veterinary Medical Association……www.mvma.us

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OBTAINING A MISSOURI CONTROLLED SUBSTANCES REGISTRATION

Who is required to have a registration?
All licensed veterinarians in Missouri who want to conduct any activities with controlled substances, including purchasing, stocking, ordering, prescribing and administering, must first obtain a state controlled substances registration. No veterinarian in Missouri may conduct any controlled substance activity without a state registration.

What about federal DEA registrations?
In order to conduct certain activities such as purchasing, stocking and prescribing, a federal DEA registration is also required. The Missouri state registration must be obtained first and then the federal DEA registration.

A federal DEA registration is not required for a veterinarian who only administers and dispenses controlled substances as an agent of another veterinarian or veterinary hospital that has a DEA number. If a veterinarian does not have a DEA number, they may only administer and dispense as an agent of the federally registered veterinarian and may not purchase, stock, or prescribe controlled substances.

How do I apply and what is the process?
A person may apply for a new state controlled substances registration at any time. Once a professional Missouri Veterinary Medical License has been issued, the practitioner may apply for and obtain a Missouri Controlled Substances Registration and then a federal DEA registration. You may obtain an application from the Bureau's website or by contacting the Bureau at the address and phone numbers given.

The application must be completed entirely and accurately and it must be submitted with the appropriate fee. The application must be mailed to the address provided on the application.

To save time, you may apply for your state license; state controlled drug registration, and federal DEA registration at the same time. When filling out the state controlled substances application, write the word, "pending," in the line for your state license number. When the state board issues your license, you may contact the Bureau with your new license number so that the application can be processed. When filling out the federal DEA application, it will ask for your state controlled substances registration number. You may also enter the word, "pending," in this line. Once our Bureau has issued a new Missouri state number, you can contact the DEA with that final information.

It typically takes 5 to 15 workdays for BNDD to process the application. Bureau employees have a personal goal to issue registrations on completed applications within 15 days. Fluctuating workloads may occasionally cause the process to take longer.

How many registrations do I need?
A registration may only be issued at a Missouri practice location where controlled substance activities take place and patient care occurs. Most practitioners have only one registration at one location. Controlled drug registrations are governed by locations that stock controlled drugs. If you stock controlled drugs at only one location, then only one registration is required. Additional registrations are not required unless you begin stocking controlled drugs at more than one location. i.e. if you stock controlled drugs at two separate clinics, then you are required to have two separate state and federal controlled substance registrations.

Every location where stocking takes place must be registered so that the BNDD and DEA are aware of the locations of controlled substance activities. Do not stock and store controlled substances at an un-registered site.

Although you must have a registration at a location where you practice and stock controlled substances, you may issue a controlled substance prescription anywhere in the state of Missouri without an additional registration.

Notifying the regulatory authorities if you change practice locations.
It is important that state and federal regulatory agencies have the ability to contact you. It is required that you notify agencies when you change practice locations. If you change practice locations, you have 30 days to notify our Bureau of your new location or your controlled substance registration automatically terminates.

What can cause a registration to close or automatically terminate?
The following circumstances can cause a controlled substance registration to terminate:

1. A registration closes on the date of expiration printed on the certificate.
2. If and when the person dies.
3. If and when the person ceases legal existence.
4. If and when a business changes ownership. Registrations cannot be transferred to another person. The new owners must have their own registration. When there is a change of ownership, the new owner may operate under the registration of the seller during a 30-day grace period. By the 31st day, the new owners must have obtained their own registration.
5. If and when the person discontinues business or changes practice location. There is a 30-day grace period to notify the BNDD within 30 days of the effective date of the change.
6. A registration may be terminated at the request of the registrant.

How do I make changes to my existing registration?
Changes to an existing registration may be completed by mailing or faxing a written request to the Bureau. The Bureau will change names, addresses, and adjust drug schedules for no additional fee.

Will I automatically get a renewal notice?
Although not required by law, as a courtesy the BNDD sends out a blank application to each registrant, 60 days before the expiration date of their current registration. The BNDD mails the blank application to the last known practice address the Bureau has on file. The BNDD's application also provides for a separate mailing address if you would like your mail sent to an address other than your practice location.

Registration certificates should be kept readily retrievable.
Your federal DEA controlled substance registration must be maintained at your registered practice location and must be readily retrievable upon inspection.

Replacing a lost or damaged certificate
You may obtain a BNDD printable certificate from the bureau website www.dhss.mo.gov/BNDD and searching by practitioner's name.

PURCHASING CONTROLLED SUBSTANCES

1. To purchase controlled substances for stock, you must have both a state registration and a federal DEA registration.

2. It is unlawful to write a prescription to obtain stock. Prescriptions are written orders for individual patients only. Controlled substances may be purchased from another registrant, distributor or pharmacy. All purchases and transfers of controlled substances in Schedule II require the execution of a DEA Form 222 Official Order Form signed by the practitioner or another person authorized through power of attorney. Purchases and transfers for controlled substances in Schedules III—V only require a transfer form. A copy of the transfer form must be maintained by both the supplier and the receiver, that documents all of the required information. More information regarding receipt and transfer records is included in the record keeping portion of this guideline.

REQUIRED RECORD KEEPING

Each and every time controlled substances changes hands or is used documentation must be generated and maintained. There should be a paper trail to show the path of a controlled substance dosage unit from the day it was manufactured, through the distributor, to the pharmacy, to a practitioner and then ultimately to the end user.

State and federal controlled substance laws require all controlled substance records to be maintained for a period of two years. These records must be maintained at the registered practice location and must be readily retrievable and open to inspection and copying by the BNDD. Your state licensing board may require you to keep patient records for a longer period of time.

Receipt records

A registrant is required to maintain a file of receipt records that documents the receipt of all controlled substances received. The receipt records for Schedule III—V drugs should be in a separate file from the DEA Form 222 Official Order Forms used for Schedule II drugs. Registrants must maintain the following information for all controlled substances received:

1. Date of receipt;
2. Drug name
3. Dosage form
4. Drug strength
5. Quantity received
6. Name, address and DEA number of the supplier
7. Name, address and DEA number of the recipient
8. Name or initials of employees verifying receipt of the drugs

These receipt records may be kept in a handwritten or typed log or may be maintained electronically. The third copies of all DEA Form 222 Order Forms must be signed and dated to verify receipt of the Schedule II drugs.

If a practitioner chooses to use a supplier's invoice, billing record, or packing document as a record of receipt, it that practitioner's responsibility to review the document to make sure that the required information is documented on the receipt record.

Initial inventory

On the very first date that you receive and engage in the stocking and receipt of controlled substances, you must perform an initial inventory of the controlled substances on hand. There are inventory forms on the Bureau's website that you may use. The following information must be documented on an inventory:

1. Date
2. Documentation of whether the inventory was taken at Opening of business (OOB) or Closing of business (COB) or time of inventory if practice location is open 24 hours a day.
3. Drug name
4. Drug strength
5. Dosage form
6. Quantity of dosage units on hand

The initial inventory of Schedule II drugs must be maintained on a separate form and document than the initial inventory of Schedule III—V drugs.

Do not perform an inventory that combines Schedule II drug counts with drugs in Schedule III—V, and do not include any non-controlled drugs on these inventory documents.

Annual inventory

After an initial inventory has been completed on the day you first started stocking controlled substances, the registrant shall take a new inventory of all controlled substances on hand at least once a year. The annual inventory may be taken on any date that is within one year of the previous annual inventory date.

The same information must be maintained in the annual inventory as listed above in the requirements for the first initial inventory. All of the six areas of information listed above must be documented. Schedule II drugs should be documented on a separate form. Do not combine non-controlled drugs on the annual controlled substance inventory.

In order to save time and work, you may decide to coincide your annual inventory date with the date of your business inventory at the end of the year for tax purposes.

Count all of the controlled substances

All controlled substance dosage units are to be included regardless of whether they are in stock bottles, set aside for destruction, outdated, or samples. When counting controlled substances in Schedules III—V, the practitioner may open a bottle and estimate the number, if the stock bottle is labeled to contain less than 1,000 dosage units. If the stock bottle is labeled to contain 1,000 units or more, then an individual hand count must be performed to provide an exact count.

When Schedule II controlled substances are counted, they must be hand-counted every time. No estimating is allowed for Schedule II controlled substances.

If you stock all schedules, you must have two annual inventory documents; one for Schedule II and one for Schedules III—V. You must file these documents and maintain them for two years.

Perpetual logs

Many practitioners choose to maintain an ongoing log of all drugs administered or dispensed. This provides an ongoing count every day of what they have used and what they still have on hand. Perpetual logs are useful and encouraged, however maintaining a daily perpetual log does not replace the requirement to have a specific annual inventory document. Annual inventories must always be separate documents that stand-alone and are maintained separately.

Issuing prescriptions

Prescriptions are written orders provided for patients only. Prescriptions may not be written to obtain stock for administering and dispensing in the clinic. A practitioner must establish a legitimate need through an assessment utilizing pertinent diagnostic modalities and there must be a reasonable correlation between the drugs prescribed and the patient's legitimate needs. A patient chart must be maintained.

All prescriptions for controlled substances must contain the following information:

1. The date in the upper right hand corner must be the date written and signed.
2. Name and address of the patient/pet owner
3. The species of the animal must be written.
4. Drug name, dosage form, drug strength, quantity, and directions for administering.
5. Original ink signature of the veterinarian.
6. Veterinarian's DEA number.
7. Name and address of the veterinarian

Later in this guideline, there will suggested procedures to guard against fraud and diversion and protecting your practice relating to prescriptions and securing prescription pads.

Administering and Dispensing

The Bureau's website provides a form entitled Controlled Substance Dispensing or Administration Log. If a practitioner uses this form and completely fills out all of the fields provided, they should be in compliance with the record keeping laws for administering and dispensing.

A practitioner may develop his own log, ledger or record keeping system as long as all of the required information is documented. This information required is:

1. Date of administration or dispensing
2. Patient name/owner
3. Patient address/owner
4. Drug name
5. Drug strength
6. Dosage form
7. Quantity
8. Whether it was Administered (A) or Dispensed (D)
9. Name or initials of employee performing the administering/dispensing

This administration/dispensing log must be maintained and filed separately from patient charts.

This document should account for the use and disposition of all controlled substances utilized in the practice. When an unused/contaminated controlled drug needs to be destroyed, this may also be documented on this log. Please be sure to review the information provided later in this guideline regarding the legal disposition of unwanted controlled substances.

Documenting wastage of contaminated controlled substances

Every milliliter and milligram of controlled substances must be accounted for. In the event that an entire syringe of a controlled substance is not administered, the unused portion that has been contaminated by patient contact may be wasted. The practitioner may document "wastages" on their administration/dispensing log or they may have a separate document in the same file for the documentation of waste. When controlled substances are wasted because of contamination by patient contact, the following documentation must occur:

1. Log must have registrant's name and address
2. Date of wastage
3. Time of destruction/wastage
4. Patient's name
5. Drug name, drug strength, and quantity destroyed
6. The reason for the wastage
7. Signature or initials of the person performing the destruction
8. Signature or initials of the second person witnessing the destruction.

When drugs are wasted or destroyed, they must be destroyed beyond reclamation.

Required packaging and labeling when dispensing controlled substances

When a practitioner dispenses controlled substances to a patient such that the patient leaves the practice site with controlled substances for future use, the practitioner must be sure that state and federal laws are being followed regarding required labeling and packaging.

Packaging: Controlled substances must be dispensed in child-proof containers, in accordance with the Poison Prevention Packaging Act of 1970, 15 U.S.C. 1471-1476. Controlled substance samples that are provided in approved pre-packaged containers are approved by the FDA for dispensing and practitioner are not required to re-package controlled substance samples. Controlled substances should not be dispensed in envelopes, plastic bags or other unapproved containers.

Labeling: All controlled substances dispensed must have proper labeling applied by the dispensing practitioner. Practitioners must obey the same labeling laws as do pharmacies. The practitioner must apply required labels and stickers to all childproof containers used for dispensing, including the pre-packaged containers. Required labeling includes:

1. Date of dispensing
2. Name and address of dispensing practitioner
3. Patient's name
4. Drug name, drug strength, dosage form and quantity
5. Directions for administration

Warning labels: All controlled substances dispensed must bear a warning sticker that informs the owner that it is illegal to transfer controlled substances to anyone other than the patient for whom it was dispensed. These stickers are available through drug companies or pharmacies.

Documentation in patients' charts

All activities with controlled substances must be documented in patients' charts. Each prescription, administration and dispensing must be documented in the patient's chart and include the given date, activity, drug name, strength, dosage form, and quantity.

If you are a practitioner that does not stock controlled drugs and you prescribe only, then controlled substance prescriptions authorized must be documented in the patients' charts. If you administer and dispense controlled substances you must document this information both in the administration/dispensing log and then again in the patient chart.

Disposal of unwanted controlled substances

Controlled substances are wasted or destroyed for two reasons; they are outdated, expired or unwanted, or secondly they have been contaminated by patient contact.

Only controlled substances contaminated by patient contact may be destroyed onsite by a practitioner.

Outdated/expired controlled substances may not be destroyed on site by a practitioner without prior approval from the United States Drug Enforcement Administration.

When a drug has been contaminated by patient contact it should be destroyed beyond reclamation by two people and the required documentation should be completed as review previously in this guideline. When a drug has not been contaminated and is expired, outdated, recalled or unwanted, it must be sent to a reverse distributor.

You may obtain a list of reverse distributors from the Bureau 's website and they will inventory the drugs you wish to have destroyed and they will remove and destroy the drugs for you. They will provide you with a receipt to show that you transferred the controlled drugs to them. This document must be maintained for at least two years to document this activity.

Transferring of controlled substances among practitioners

Controlled substances are routinely transferred among registrants, such as when you purchase drugs from a distributor or a pharmacy. If you transfer controlled substances to a reverse distributor or sell controlled substances to another practitioner, records of transfer must be maintained. The Bureau's website provides a pre-printed Transfer of Controlled Substances Form as an example. If you use that form and complete it completely and accurately, your records of transfer should comply with the law.

All transfers of Schedule II drugs must be documented on a DEA Form 222 Official Order Form.

Schedule III—V drugs may be transferred on the form provided by the Bureau or another form designed by the practitioner, as long as all required documentation is present. The document must include:

1. Name, address and DEA number of the supplier
2. Name, address and DEA number of the receiver
3. Date of the transfer
4. Name, strength, dosage form and quantity of the drug(s) transferred.

If both parties have a copy of this document, it can serve as a transfer document for the supplier and also a receipt record for the receiver.

Typically, execution of DEA Form 222 Official Order Forms should only be performed by the registered practitioner. The registered practitioner may delegate this authority and authorize another employee to execute these forms, if the registrant and employee execute a power of attorney form as authorized by federal regulation.

SECURITY ISSUES

All registrants are required to have adequate controls in place to detect and prevent the diversion of controlled substances. Some security measures are physical, such as alarms, safes, and locks. Other security measures are policies, best practices and required record keeping.

STORAGE:

1. All controlled substances must be stored in a securely locked substantially built safe or cabinet.
2. The security provided must be commensurate with the quantity and types of controlled substances stocked.
3. Controlled substances may not be left out un-attended where unauthorized persons would have access to them.
4. Prescription pads should be secured out of sight and away from unattended areas where patients could steal blank prescription forms.

RECORD KEEPING

The purpose for required record keeping is to assure that a controlled substance can be tracked from the date of manufacture to the date it is administered or dispensed to the end user. If you maintain compliant receipt records, inventories and dispensing records, then you should be able to perform an audit to determine if any drugs are missing. If any of these records are not maintained, or do not contain all required information, then an accurate audit cannot be performed and you would not know if drugs were missing. Having incomplete and inaccurate records results in inadequate security to detect and prevent diversion.

BACKGROUND CHECKS:

It is important to know the criminal history of employees or potential employees.

A registrant cannot initially grant access to controlled substances to any employee/person who has been convicted, or entered a plea of guilty or no contest to any crime related to controlled substances in the United States. Before a person with this criminal history can be allowed access to controlled drugs, the registrant must apply to our Bureau for a waiver. Instructions and forms for applying for a waiver are available on the Bureau's website. The following issues are emphasized:

1. You can employ the person, but you must have a waiver before granting them access to controlled drugs. No waiver is required if they have no access to the controlled drugs.

2. The holder of the registration applies for the waiver because it is the registrant's drugs. The employee does not apply for the waiver.
3. Even if the guilty party received probation and there is no official criminal record of conviction, this law applies immediately when the person enters a guilty plea regardless of what the final sentence was. When screening employees, be sure to ask about guilty pleas and not just records of conviction.
4. If the crime was a misdemeanor, a waiver is required from our Bureau only.
5. If the crime was a felony, a waiver must be obtained from the DEA before applying with the BNDD for a state waiver.

BEST PRACTICES FOR SECURITY

1. Routinely review controlled substance laws and regulations so you are familiar with what is required.
2. Contact authorities when you have questions or concerns.
3. Implement a written policy and procedure of how controlled substances are to be handled in your practice and what is required.
4. Conduct periodic training meetings to ensure that your staff knows what is required and how to comply with laws and policies.
5. Conduct periodic reviews and self-inspections of your own practice to ensure that you and your employees are consistently complying with policies and laws.
6. Periodically audit and reconcile your drug counts against the record keeping to ensure that all drugs are accounted for, drugs are not missing, and there are no record keeping errors.
7. When possible, have all controlled drug activities performed by two people.
8. The person who orders and purchases the drugs should be a different person than the person who receives, checks them in and adds them to inventory. These should ideally not be the same people who also pay the bills. Separate the duties of ordering, receiving and paying so there are checks and balances.
9. Review your invoices from drug companies to make sure you authorized the drugs purchased.
10. The person who receives controlled substance shipments and checks them in should have a second person verify what was received and that the drugs are accurately being added to the perpetual inventory logs.
11. Although not required, perpetual inventory logs are encouraged to provide an ongoing record of what you have dispensed and what you have remaining.
12. Do not allow patients and visitors access to drug supplies. This means if drugs are missing, it is an employee who is responsible. Although we trust our employees, it is often the staff in a practice that divert drugs because they are ones who have access and can falsify records. Policies are put in place to protect your registration against things your employees might do and provide clear notice of expectations and oversight.
13. Employees are comfortable with policies and procedures that require oversight and witnesses because if there is a discrepancy in the drug count, consistent compliance with policies can protect them from false accusations.
14. Restrict the number of people who have access to your drugs to the fewest people possible.
15. Have a policy requiring random drug testing. Even if you do not want to conduct random drug testing on a regular basis, you should be able to demand a drug test during the course of an internal investigation should drugs be missing.
16. If you routinely phone in prescriptions to the same pharmacies, implement the use of a secret "code word" so that the pharmacy knows it is really you. This would prevent someone from phoning in a false prescription in your name.
17. Periodically review your administration and dispensing logs to make sure that an employee has not removed drugs and made up a name of a fictitious patient you don't remember treating.
18. Set up a calendar or reminder system so you know when it is time for an annual inventory or renewal of licenses and registrations.

19. Perform the role of supervisor. Practitioners get very busy treating patients and delegate many of these office/record-keeping tasks to other staff. Although you may delegate task, it is your registration and duty to comply with controlled substance record keeping and security requirements. The registrant is held accountable for any violations identified. Please set aside an hour at the end of each month to self-inspect your practice and review employee performance with requirements.

Handling losses and thefts

When practitioners are compounding or have controlled substances remaining, in the hub of a syringe, there may be small losses. These are considered insignificant losses occurring in the course of normal practice. You should document these so that your records will always balance.

Anytime you are missing a controlled substance, you do not know where it went, and cannot account for it, then this is a significant loss. These significant losses and thefts and diversions of controlled substances must be reported to the Bureau and DEA immediately upon discovery.

1. When a significant loss or theft is discovered, call, fax, email or notify the BNDD and DEA immediately upon discovery.
2. The BNDD has a required Loss/Theft Report Form that must be filled out and submitted to the Bureau. This form is available on the website or the BNDD can fax you one.
3. The initial written loss report form is due to the BNDD within 7 days.
4. The registrant is to conduct an internal review and investigation to determine to manner of theft or loss and determine the amount missing.
5. If more than 7 days is needed the registrant may contact the BNDD and ask for more time.
6. The loss or theft must be reported to both the BNDD on a state form and then the DEA on a separate federal form. Be sure to have both forms on hand in the event you should need them. The DEA form may be submitted electronically from their website at www.deadiversion.usodj.gov.

How to perform an audit of your controlled substances

Start with the drugs you had on hand from your last annual inventory	200 phenobarb. tablets
Add the drugs you purchased or received from other registrants (This includes all receipts and samples received)	2,500 phenobarb. tablets
Total quantity you are responsible for	**2,700 phenobarb. tablets**
Add the drugs you have administered and dispensed	1,200 phenobarb. tablets
Add the drugs transferred to other registrants	25 phenobarb. tablets
Losses and thefts report to BNDD and DEA	5 phenobarb. tablets
Total number of drugs you no longer have	**1,230 phenobarb tablets**

Drugs you're re responsible for 2,700 minus the number of drugs you no longer have (1,230) leaves you with the 1,470 tablets that should be in your safe.

If you have 1,470 tablets in the safe, then your drugs are secure and your records are accurate.

If you have a discrepancy, then you either have a record keeping problem or are missing drugs.

A word on the scope of your practice

The Bureau has discovered prescriptions in pharmacies where veterinarians have prescribed drugs for a human being or at times, themselves. Your veterinary license limits your practice to animals. Treatment of humans is outside the scope of your practice. Controlled substance activities outside the scope of your practice is illegal drug distribution and it is a felony.

Working for another veterinarian or a veterinary hospital

At this time, you may not be conducting controlled substance activities under your own DEA registration. You may be conducting controlled drug activities under the authority of an employer's DEA number or a hospital's DEA number. Please be advised that an individual BNDD registration is required. It is extremely important to know and comply with controlled substance laws. If you commit a violation, the employer's/hospital's registration is at risk as well as your own. Hospitals base their policies on state and federal laws. If you violate a written policy, in many cases you may be violating the law.

Federal Code of Regulations 21 CFR 1301.91 states that an employee who has knowledge of drug diversion from his employer, by another fellow employee, has an obligation to report such information. The employer is required to treat the reporting employee's report confidentiality while the employer conducts an internal investigation and notifies the proper authorities.

Supervision and knowing the authority and ability of others

The last pages of this guideline include copies of forms that may use in your practice with controlled substances. Also included is a chart published by the Missouri State Veterinary Medical Board that identifies what activities different individuals can perform and the required level of supervision. It is very important to know what activities you can delegate and allow people to do with controlled substances.

Transferring/providing drugs to animal shelters and animal control officers

The bureau is aware of incidents where veterinarians provide controlled substances to animal shelters, animal control officers and sometimes animal groomers, to be used as stock. These incidents are felony drug distributions. Controlled substance laws state the following:

1. Controlled substances may only be transferred or sold to another registrant who has a DEA number.
2. Controlled substances may only be administered by practitioners licensed by the Missouri Veterinary Medical Board. If the animal control officer, animal groomer or other person is not licensed to administer these drugs, they are violating the law.
3. As you can see from reviewing the attached levels of supervision chart from the Missouri Veterinary Medical Board, even licensed and authorized individuals sometimes require the direct supervision of a veterinarian.

CONTACT INFORMATION

Missouri Veterinary Medical Board
3605 Missouri Boulevard
P.O. Box 633
Jefferson City, MO 65102-0633
Phone: (573) 751-0031 Fax: (573) 526-3856

DEA in Missouri—East of Highway 63
Drug Enforcement Administration
317 South 16th Street
St. Louis, MO 63103
Phone: (314) 538-4600

Bureau of Narcotics & Dangerous Drugs
P.O. Box 570
Jefferson City, MO 65102-0570
Phone: (573) 751-6321
Fax: ((573) 526-2569

DEA in Missouri—West of Highway 63
Drug Enforcement Administration
8600 Farley, Suite 200
Overland Park, KS 66212
Phone: (913) 825-4100

ASSISTANCE PROGRAMS

Missouri Physicians Health Program…….Hotline 1-800-274-0933
Dr. Jack Croughan and Bob Bondurant Office (314) 371-5225

MAOPS-Physicans' Health Program……(573) 636-8255
Jim Wieberg, Director, Capital Region Medical Center

Missouri Dental Association Wellness Committee……..(866) 442-0300
Ira Davis, Director

Heart of America Professional Network……(913) 236-7575
(pharmacists)

Talbot-Marsh Recovery Campus, 5448 Yorktowne Drive, Atlanta, GA 30349
(770) 994-0185 or toll free (800) 445-4232 or fax (770) 994-2024

Herrington Recovery Center—Rogers Memorial Hospital, 34700 Valley Road, Oconomowock, Wisconsin, 53066 (262) 646-3526 Ext. 240

Professional Renewal Center, 1201 Wakarusa, Suite A-4, Lawrence, KS, 66049
(785) 842-9772 or (877) 978-4772 or fax (785) 842-5231

Rush Behavioral Health, Marshal Field IV Building, 1720 Polk Street, Chicago, IL 60612
(312) 942-5375 or fax (312) 942-3113

The Meninger Clinic, P.O. Box 829, Topeka, KS 66601-0829
(785) 350-5553 or toll free (800) 351-9058 or fax (785) 272-5640

MISSOURI STATE VETERINARY MEDICAL BOARD
REQUIRED LEVELS OF SUPERVISION

	Treatment @ Facility	Treatment Not @ Facility	Administer Rabies	Biologics Other	Routine Dental Prophylax.
Temporary License	C	C	C	C	B
(RVT) Regist. Vet. Tech.	C	B	D	B	B
Unregistered Assistant	C	A	D	A	A
Veterinary Student	C	B	D	B	A
Consulting ** Licensee From Allied Profession	A	A	D	D	A

	Anesthesia Monitoring*	Induction	Euthanasia	Surgery	Diagnosis	Prescribe Controlled	Prescribe Non-controlled
Temporary License	B	B	B	B	B	D	B
(RVT) Regist. Vet. Tech.	B	A	B	D	D	D	D
Unregistered Assistant	A	D	A	D	D	D	D
Veterinary Student	A	A	A	A	A	D	D
Consulting** Licensee from allied professions	D	D	D	A	A	D	D

* Monitoring of or administration of a pre-calculated dose of anesthesia.

** Dentist, chiropractor, physician, etc.

A = **<u>IMMEDIATE SUPERVISION</u>**: The licensed veterinarian is in the immediate area and within audible and visual range of animal patient and the person treating the patient.

B = **<u>DIRECT SUPERVISION</u>**: The licensed veterinarian is on the premises where the animal is being treated and is quickly and easily available and the animal has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated animal health care task.

C = **<u>INDIRECT SUPERVISION</u>**: The licensed veterinarian need not be on the premises but has given either oral or written instructions for the treatment of the animal patient or treatment protocol has been established and the animals has been examined by a licensed veterinarian at such times as acceptable veterinary medical practice requires consistent with the particular delegated health care task; provided that the patient is not in a surgical plan of anesthesia and the licensed veterinarian is available for consultation on at least a daily basis.

D = <u>NOT LEGAL</u>

ANNUAL INVENTORY OF CONTROLLED SUBSTANCES

Date: ______________ Schedule(s):_______________

(Schedule II must a separate form than III—V)

Opening or Closing of Business, or Time of Day:_________________

Inventory Performed By:_______________________________________

DRUG NAME	FORM (tab/cap/inj)	STRENGTH mg/ml	QUANTITY

TRANSFER OF CONTROLLED SUBSTANCES

Schedules III, IV, & V only

_____

Date of transfer

Receiving Registrant's Information

Name:_____

Address:_____

_____

_____

DEA #:_____

BNDD#:_____

Supplying Registrant's Information

Name:_____

Address:_____

_____

_____

DEA#:_____

BNDD#:_____

DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY OF DOSAGE UNITS	COMMENTS

_____

Signature of Receiver

_____

Signature of Supplier

CHANGE OF NAME - ADDRESS NOTIFICATION

Fax to BNDD at (573) 526-2569

Name of registrant requesting the change: _____

Current registered practice location: _____

_____

_____

_____

Old phone number: _____

☐ I am requesting a change of name to _____.

☐ I am requesting a change of address to: _____

_____

_____

_____

New phone number will be: _____

Date you are submitting this request: _____

The effective date of the change is/was: _____

Signature of Registrant:_____
(Must be signature of registrant and not their agent)

The Bureau of Narcotics and Dangerous Drugs will update the registration and mail a new printed certificate to the registrant. There is no fee for this change.

Pursuant to Missouri law, a registration may only be issued at a Missouri practice location where controlled substance activities take place and patient care occurs.

	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF NARCOTICS AND DANGEROUS DRUGS REPORT OF LOSS OR THEFT OF CONTROLLED SUBSTANCES	**Mail completed report to:** BNDD P.O. Box 570 Jefferson City, MO 65102-0570

Missouri Regulation 19 CSR 30-1.034(2)(B) requires a registrant to notify the Bureau of the theft, diversion, or significant loss of any controlled substance upon discovery. This report must be submitted within seven (7) days from the date of the loss. The Bureau may be contacted at (573) 751-6321 if more time is needed.

Name and address of registrant	Area code and phone number	Date(s) of theft or discovery
Street Address and City	Missouri BNDD Registration Number	Federal DEA Registration Number
State	Zip Code	County in which located

Principal Business of Reporting Registrant:

☐ MD ☐ DO ☐ DPM ☐ NURSING HOME KIT ☐ DISTRIBUTOR

☐ OD ☐ DVM ☐ DDS ☐ PHARMACY ☐ IMPORTER / EXPORTER

☐ DMD ☐ HOSPITAL ☐ NARCOTIC TREATMENT PROGRAM

☐ EMS ☐ MANUFACTURER ☐ TEACHING INSTITUTION ☐ OTHER _____

Date Reported to DEA (Mandatory)	Was theft reported to police? ☐ YES ☐ NO	Name and phone number of police agency:

Number of thefts or losses registrant has had in past 24 months.	Type of theft or loss ☐ Burglary ☐ Robbery ☐ Employee theft/diversion ☐ Lost in transit ☐ Forgery/falsified records ☐ Other _____

Name(s) of person(s) who committed theft or diversion	Social security number and date of birth of person responsible for committing theft or diversion

The reporting regulation requires the registrant to submit a summary of their internal investigation, the final outcome of the investigation and a copy of any law enforcement reports made when applicable.

☐ Summary and reports are attached ☐ Bureau notified immediately, more time has been granted.

Final summary and reports will follow by _____

Continue on reverse

If loss or theft occurred in transit:

Name of common carrier	Name of consignee	Origin of delivery

LIST OF CONTROLLED SUBSTANCES LOST

(Drug name, strength, dosage form and quantity)

Trade or Brand Name	Generic name	Dosage strength & form	Quantity
Example: Vicodin™	hydrocodone/apap	tablets 7.5/750	24 tablets
Example: Robitussin A-C ™	codeine phosphate	2mg/cc liquid	12 ounces
Example: Demerol ™	meperidine hydrochloride	50mg/ml vial	5 x 30ml
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Print name	Signature	Title	Date

Additional information:

1. Insignificant losses that occur from doing business day to day do not need to be reported. A significant loss or shortage requires reporting.
2. Any suspected theft or diversion must be reported, regardless of the amount. Reports to BNDD and DEA are required, even if no referrals are made to law enforcement or professional licensing boards.
3. Section 195.045, RSMo 2000, states in material part that any person who reports or provides information to the Bureau pursuant to controlled substances laws, and does so in good faith to comply, shall not be subject to civil damages
4. You may contact the Bureau at: P.O. Box 570, Jefferson City, MO 65102-0570, or call (573) 751-6321 or fax (573) 526-2569.